

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Sept 20	File with: City or Town Clerk or Election Commission Zu Ending Date: Null 27, 2020
Type of Report: (Check one)	
8th day preceding preliminary 28th day preceding election 20 o	lay after election year-end report dissolution
Alan R Earls	NONE
Candidate Full Name (if applicable)	Committee Name
Town Counce, Franklin MA Office Sought and District	
Office Sought and District	Name of Committee Treasurer
Residential Address	
E-mail: alan. r. earls agman, com	Committee Mailing Address
I m	
Phone	# (optional):
SUMMARY BALANCE INF	ORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my kno activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributio finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	ns and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c, 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	(Treasurer's signature)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance wincurred any liabilities nor made any expenditures on my behalf during this reporting period.	ith the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate representing that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind occampaign finance activity of all persons acting under the authority or on behalf of this committee.	knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury: CM M	(Candidate's signature) Date: Nov 27,2 \$\&\)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received (alphabetical listing required) Amount (for contributions of \$200 or me) (for contributions of \$200 or me)	ore)
	The Property of the Control of the C
ine 9: Total Receipts over \$50 (or listed above) ine 10: Total Receipts \$50 and under* (not listed above)	700
ine 11: TOTAL RECEIPTS IN THE PERIOD Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

1	Name and Residential Address	·		
Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
-				
Line 9: Total Receipt	ts over \$50 (or listed above)			
ine 10: Total Receip	ets \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD			
	eceipts of \$50 and under include them in line		← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/5/20	AMAZON, COM	amazon. (uh	reflective type	104,70
11/10/20	\(<i>l</i> .	1,	53.00
1/13/2	/(′ (/1	98,40
1/22/20	1 \	(,	()	37,10
10/9/20	Signs on the	signion the cheap. com	Siyul	189,50
11/6/10	t ((1	1/	228,95
11/15/20	(\	, (((28,95
]	Line 12: Total Expenditures ove	r \$50 (or listed above)	937,60
	-	Line 13: Total Expenditures \$50		7 1,80
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	937.60

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
		,		
		l longe l		
				4.
		1		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1 line 4 -	Line 14: TOTAL EXPENDIT	HDEC IN THE PERIOR	
xc 1		include them in line 12. Line 13 sk		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Doolds-12-1-12	D. I.I. a.c.	
Date Received	From whom Received	Residential Address	Description of Contribution	Value
.				
				T T
The state of the s				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)	
	ŀ	Line 17: TOTAL IN-KIND CO		
**		o contributes more than \$50 in a cal		•

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	7			
	·			
	Enter on page 1, line 7 → I	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	6



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of:					Please print or	r type all information, except signatures.
Reporting Period:	Beginning:			Ending:		
		(MM/DD/YYYY)			(MM/DD	/YYYY)
Type of Report: (Che	ck One)		-			
8th day preceding	g preliminary/primary 🔲 8th	day preceding election	30th day following	g election (town or special)	20th day	of January (Year-End report)
2. I certify that I	am a candidate for or currently h	ons, made any expenditures,	or incurred any obligat	ions during this reporting period	and do not be	ave a campaign fund in existence.
		SIGNA	URE	RESIDENTIAL ADDRESS		1
DATE	PRINT NAME	Signed under the pe	naltics of perjury	(Street and Number)		OFFICE SOUGHT
				,		
L L						
				····	L	



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Commonwealth Of Massachusetts TOWN CLERK	
Fill in Reporting Period dates: 5 A Beginning Date: No.	Ending Date: Dec 5, Zu Zu
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	1 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	NUNS
Candidate Full Name (if applicable)	Committee Name
Office Soughl and District	Name of Committee Treasurer
23 many Ar Frake	
Residential Address E-mail: alah. r. Carl Cymul. (Uh	Committee Mailing Address E-mail:
Phone # (optional):	
(Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	-937,60
Line 2: Total receipts this period (page 3, line 1)	1) 0
Line 3: Subtotal (line 1 plus line 2)	10
Line 4: Total expenditures this period (page 5, li	ine 14)
Line 5: Ending Balance (line 3 minus line 4)	- 937,60
Line 6: Total in-kind contributions this period (p	page 6) ()
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Now
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the becativity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting pariod and represents the communication
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate; (check 1 b	oox only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement	ne hest of my knowledge and helief a true and complete statement of all compains

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	•		
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

D-4-13	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
The state of the s			
·			
inc 9: Total Receipts	over \$50 (or listed above)		
ine 10: Total Receipts	\$50 and under* (not listed above)		
ine 11: TOTAL REC	CEIPTS IN THE PERIOD	6	← Enter on page 1, line 2
			← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid (alphabetical listing) Address Purpose of Expe	enditure Amount
	Amount
Line 12: Total Expenditures over \$50 (or listed above	9)
to the second of	
Line 13: Total Expenditures \$50 and under* (not listed	d above)
Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES IN THE PERI f you have itemized expenditures of \$50 and under include them in line 12. Line 13 about include only the	OD ()

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			a repose of Expenditure	7 AMOUNT
		·		
			·	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	ŀ	Line 14: TOTAL EXPENDIT		
If you have itemi		include them in line 12. Line 13 sh		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value		
12-5-70	4 individuals	UnKnon	appor 6-persuhung	0		
		ı				
1		Line 15: In-Kind Contributions	over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)					
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
]	
	·			
	Enter on page 1, line 7 → I	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of:					Please print	or type all information, except signatures.
Reporting Period:	Beginning:	0.0000000000000000000000000000000000000		Ending:		
		(MM/DD/YYYY)			(MM/I	DD/YYYY)
Type of Report: (Check						1911
8th day preceding pr		day preceding election	30th day followin	g election (town or special)	20th d	ay of January (Year-End report)
2. I certify that I have	a candidate for or currently b	ons, made any expenditures, or	incurred any obliga	tions during this reporting period		bave a campaign fund in existence.
		SIGNATO	JRE	RESIDENTIAL ADDRESS	S	
DATE	PRINT NAME	Signed under the pen	altics of perjury	(Street and Number)	-	OFFICE SOUGHT
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 10/0	18/2020 Ending Date: 11/27/2020
Type of Report: (Check one)	□ co : C I d' □ □ an and annext □ dissolution
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Cobi F Frongillo	Committee to Elect Cobi Frongillo
Candidate Full Name (if applicable)	Committee Name
Franklin Town Council	Richard Frongillo
Office Sought and District	Name of Committee Treasurer
140 Maple Street, Franklin, MA 02038	140 Maple Street, Franklin, MA 02038
Residential Address E-mail: Cobi@CobiFrongillo.com	Committee Mailing Address E-mail: Finance@CobiFrongillo.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 17 Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 4, line 11	\$5865.00
Line 3:- Subtotal (line 1 plus line 2)	\$5865.00
Line 4: Total expenditures this period (page 5, li	ne 14) \$5447.25
Line 5 Ending Balance (line 3 minus line 4)	\$417.75
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)) 0
Line 8: Name of bank(s) used: Rockland Tr	rust
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: ///2-7/-20
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reportion.	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to t finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 11/27/20

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/27/2020	John Bedarian 48 Winter St, Franklin, MA 02038	\$100.00	
10/20/2020	John Berg 440 Snipatuit Rd, Rochester, MA 02770	\$100.00	
10/13/2020	Francis Bositis 10 West Pine St Milford, MA 01757	\$75.00	
10/15/2020 11/18/2020	Christopher Brady 36 Kimberlee Ave. Franklin, MA 02038	\$200.00	Neuropsychologist Department of Veterans Affairs
11/3/2020 ·	Ann & Dan Bremser 10 Jacks Way, Franklin, MA 02038	\$100.00	
10/21/2020	Colleen Brown 498 Cornell Road Westport, MA 02790	\$100.00	
11/03/2020	Debra and Peter Carlson 517 Maple Street Franklin, MA 02038	\$100.00	
11/20/2020	Colin and Sue Cass 146 Longhill Road Franklin, MA 02038	\$100.00	
11/18/2020	Chris and Brenda Davis 74 Plain Street Franklin, MA 02038	\$100.00	
10/15/2020	Susan Davis 59 Furnace Street Sharon, MA 02067	\$100.00	
10/14/2020	Joel D'Errico 72 Dearview Way Franklin, MA 02038	\$200.00	Real Estate D'Errico Realty
11/03/2020	David and Laura Doherty 147 Dean Avenue Franklin, MA 02038	\$100.00	
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/14/2020	Andrew Donaldson 2 Farm Pond Ln Franklin, MA 02038	\$100.00	
11/18/2020	Bjorn Dragsbaek 3 Norumbega Circle Franklin, MA 02038	\$100.00	
11/20/2020	Chris Feeley 5 Taft Drive Franklin, MA 02038	\$250.00	Accountant Custom Payroll & Tax Services
10/15/2020	Edward Frongillo 3600 Beverly Drive Columbia, SC 29204	\$250.00	Professor University of South Carolina
11/26/2020	Richard Frongillo 140 Maple Street Franklin, MA 02038	\$250.00	Technology Consultant Tinetrix, Inc.
11/23/2020	Fariborz Hashimi 5 Bald Hill Drive Franklin, MA 02038	\$100.00	· · · · · · · · · · · · · · · · · · ·
10/15/2020	Philip Jordan 50 Mill Pond Drive Wrentham, MA 02093	\$100.00	
11/12/2020	Sagar Kamarthi 61 A Street Franklin, MA 02038	\$100.00	
11/18/2020	Donna and John Kane 40 Newell Drive Franklin, MA 02038	\$100.00	
10/15/2020	Michael Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$100.00	
10/22/2020	Stephan Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$300.00	Healthcare Administration Blue Cross Blue Shield of Massachusetts
10/22/2020	Tracey or Richard LaRowe 16 Hunter's Run Franklin, MA 02038	\$100.00	
10/22/2020	Kristen Latas 623 Bowers Lane St. Augustine, FL 32080	\$100.00	
Line 9: Total Rec	ceipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

(alphabetical listing)	Address	Purpose of Expenditure	Amount
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Postage for direct mail	\$754.41
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing for direct mail	\$755.98
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$106.25
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$106.25
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$82.69
Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Signs	\$75.00
Amazon	440 Terry Avenue North Seattle, WA 98109 USA	Signs	\$91.36
Jason Beckett	6 Oak Tree Lane, Franklin, MA 02038	Videography	\$100.00
Mass Democratic Party	11 Beacon St #410, Boston, MA 02108	Software	\$700.0
PayPal	PayPal	Donation fees	\$140.7
Signsonthecheap.com	Signsonthecheap.com	Signs	\$239.3
Signsonthecheap.com	Signsonthecheap.com	Signs	\$466.6
	Line 12: Total Expenditures	over \$50 (or listed above)	
	Line 13: Total Expenditures S	\$50 and under* (not listed above)	
	Allegra Marketing Print Mail Allegra Marketing Print Mail Allegra Marketing Print Mail Allegra Marketing Print Mail Amazon Jason Beckett PayPal Signsonthecheap.com Signsonthecheap.com	Allegra Marketing Print Mail Allegr	Allegra Marketing Print Mail Discrete Marketing Print Mail D

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 5 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/26/2020	Staples	284 Hartford Ave, Bellingham, MA 02019	Printing	\$239.06
10/25/2020	Staples	284 Hartford Ave, Bellingham, MA 02019	Office Supplies	\$290.45
10/26/2020	Staples	284 Hartford Ave, Bellingham, MA 02019	Printing	\$218.34
10/28/2020	TansClub.com	TansClub.com	Promotional Material	\$113.40
11/25/2020	Tinetrix Inc.	P.O. Box 562, Franklin, MA 02038	Website	\$165.00
10/16/2020	USPS	43 Main St, Franklin, MA 02038	Postage	\$55.00
11/16/2020	USPS	43 Main St, Franklin, MA 02038	Postage	\$110.00
11/18/2020	USPS	43 Main St, Franklin, MA 02038	Postage	\$275.00
11/24/2020	USPS	43 Main St, Franklin, MA 02038	Postage	\$275.00
		Line 12: Expenditures over \$	50 (or listed above)	\$5367.26
		Line 13: Expenditures \$50 and	d under* (not listed above)	\$79.99
	Enter on page 1, line 4	.→ Line 14: TOTAL EXPENDI		\$5447.25

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	J L	Line 15: In-Kind Contribution	as over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 7

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		, .		
7				
				19.00
7				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	0



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuse	ats				File with: City	or Town Clea	rk or Election Commissio
Fill in Re	porting Period dates:	Beginning Date: 10/0	08/2020	Ending		/04/2021	W DISCHOOL COMMISSION
Type of R	Leport: (Check one)						
8th day	preceding preliminary	8th day preceding election	√ 30 da	y after election	☐ year-€	end report	dissolution
	Cobi F Fron	gillo		Committee to	o Elect Co	bi Frongi	llo
	Candidate Full Name (Franklin Town	'	-		Committee		
	Office Sought and		-		Richard Fro		
	140 Maple Street, Fr	anklin, MA 02038		140 Maple St	me of Committ treet, Franl		02038
E-mail:	Residential Ad Cobi@CobiFrongi		E-mail:		ommittee Maili nce@Cobi		.com
Phone # (optio	nal):		Phone #	(optional):			
	<u> </u>		J L		w.t.		
		SUMMARY BALAN	CE INFO	DRMATION:			
	Line 1: Ending Bala	nce from previous report				9	\$0
		s this period (page 4, line 11)			\$6005.0	0
	Line 3: Subtotal (line	e 1 plus line 2)				\$6005.0	00
	Line 4: Total expend	litures this period (page 5, lin	ne 14)			\$5999.0	05
	Line 5: Ending Balan	nce (line 3 minus line 4)				\$ 5.9	5
	Line 6: Total in-kind	contributions this period (page 1)	age 6)				0
	Line 7: Total (all) ou	tstanding liabilities (page 7)					0
	Line 8: Name of ban	k(s) used: Rockland Tr	ust				
L							
certify that I hat	ng all contributions, loans, receipts	attached schedules and it is, to the bes s, expenditures, disbursements, in-kind hority or on behalf of this committee in action of the committee in	contributions	and liabilities for this	s reporting perio of M.G.L. c. 55	nd and represen	all campaign finance ints the campaign 01/04/2021
FOR CAND	IDATE EILINGS ONLV	Affidavit of Candidate: (check 1 bo					
Candidate ✓ I certify tha activity, of	with Committee at I have examined this report incluant persons acting under the author	adding attached schedules and it is, to the city or on behalf of this committee in actures on my behalf during this reporting	e best of my k	h the requirements of	M.G.L. c. 55 I	I have not rece	t of all campaign finance ived any contributions,
I certify tha finance acti	vity, including contributions, loan	ding attached schedules and it is, to the s, receipts, expenditures, disbursements g under the authority or on behalf of thi	s, in-kind cont	tributions and liabiliti	es for this renor	ting period and	d represents the
igned under th	ne penalties of perjury:	1 A		(Candidate's	signature)	Date:	01.04.2021

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/14/2020	Andrew Donaldson 2 Farm Pond Ln Franklin, MA 02038	\$100.00	
11/18/2020	Bjorn Dragsbaek 3 Norumbega Circle Franklin, MA 02038	\$100.00	
11/20/2020	Chris Feeley 5 Taft Drive Franklin, MA 02038	\$250.00	Accountant Custom Payroll & Tax Services
10/15/2020	Edward Frongillo 3600 Beverly Drive Columbia, SC 29204	\$250.00	Professor University of South Carolina
11/26/2020	Richard Frongillo 140 Maple Street Franklin, MA 02038	\$250.00	Technology Consultant Tinetrix, Inc.
11/23/2020	Fariborz Hashimi 5 Bald Hill Drive Franklin, MA 02038	\$100.00	
10/15/2020	Philip Jordan 50 Mill Pond Drive Wrentham, MA 02093	\$100.00	
11/12/2020	Sagar Kamarthi 61 A Street Franklin, MA 02038	\$100.00	
11/18/2020	Donna and John Kane 40 Newell Drive Franklin, MA 02038	\$100.00	
10/15/2020	Michael Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$100.00	
10/22/2020	Stephan Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$300.00	Healthcare Administration Blue Cross Blue Shield of Massachusetts
10/22/2020	Tracey or Richard LaRowe 16 Hunter's Run Franklin, MA 02038	\$100.00	
10/22/2020	Kristen Latas 623 Bowers Lane St. Augustine, FL 32080	\$100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	O. Line 10 shoul	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/24/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Postage for direct mail	\$754.41
11/24/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing for direct mail	\$755.98
11/23/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$106.25
11/17/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$106.25
10/30/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing .	\$82.69
10/30/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Signs	\$75.00
10/19/2020	Amazon	440 Terry Avenue North Seattle, WA 98109 USA	Signs	\$91.36
10/16/2020	Jason Beckett	6 Oak Tree Lane, Franklin, MA 02038	Videography	\$100.00
10/19/2020	Mass Democratic Party	11 Beacon St #410, Boston, MA 02108	Software	\$700.00
11/26/2020	PayPal	PayPal	Donation fees	\$143.55
11/10/2020	Signsonthecheap.com	Signsonthecheap.com	Signs	\$239.30
10/19/2020	Signsonthecheap.com	Signsonthecheap.com	Signs	\$466.60
	1	Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
				71
	I	ine 15: In-Kind Contributions of	over \$50 (or listed above)	
		ine 16: In-Kind Contributions \$:		The state of the s
		ine 17: TOTAL IN-KIND CO		

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address f the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts TOWN OF FRANKLIN	
Till in Demonstra D. 1.1.1	File with: City or Town Clerk or Election Commission 18/2020 Ending Date: 01/04/2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Cobi F Frongillo	Committee to Elect Cobi Frongillo
Candidate Full Name (if applicable) Franklin Town Council	Committee Name
Office Sought and District	Richard Frongillo Name of Committee Treasurer
140 Maple Street, Franklin, MA 02038	140 Maple Street, Franklin, MA 02038
Residential Address E-mail: Cobi@CobiFrongillo.com	Committee Mailing Address E-mail: Finance@CobiFrongillo.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	TE INFORMATION.
SUMMARI BALANC	LE INFORMATION:
Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 4, line 11)	\$6005.00
Line 3: Subtotal (line 1 plus line 2)	\$6005.00
Line 4: Total expenditures this period (page 5, lin	\$5999.05 state
Line 5: Ending Balance (line 3 minus line 4)	\$ 5.95
Line 6: Total in-kind contributions this period (pa	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Rockland Tru	st
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: oi. oi. oi. oi.

SCHEDULE A: RECEIPTS (continued)

11/14/2020		Amount	(for contributions of \$200 or more)
	Andrew Donaldson 2 Farm Pond Ln Franklin, MA 02038	\$100.00	
11/18/2020	Bjorn Dragsbaek 3 Norumbega Circle Franklin, MA 02038	\$100.00	
11/20/2020	Chris Feeley 5 Taft Drive Franklin, MA 02038	\$250.00	Accountant Custom Payroll & Tax Services
10/15/2020	Edward Frongillo 3600 Beverly Drive Columbia, SC 29204	\$250.00	Professor University of South Carolina
11/26/2020	Richard Frongillo 140 Maple Street Franklin, MA 02038	\$250.00	Technology Consultant Tinetrix, Inc.
11/23/2020	Fariborz Hashimi 5 Bald Hill Drive Franklin, MA 02038	\$100.00	
10/15/2020	Philip Jordan 50 Mill Pond Drive Wrentham, MA 02093	\$100.00	
11/12/2020	Sagar Kamarthi 61 A Street Franklin, MA 02038	\$100.00	
11/18/2020	Donna and John Kane 40 Newell Drive Franklin, MA 02038	\$100.00	
10/15/2020	Michael Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$100.00.	
10/22/2020	Stephan Katinas 757 West Roxbury Parkway West Roxbury, MA 02132	\$300.00	Healthcare Administration Blue Cross Blue Shield of Massachusetts
10/22/2020	Tracey or Richard LaRowe 16 Hunter's Run Franklin, MA 02038	\$100.00	
	Kristen Latas 623 Bowers Lane St. Augustine, FL 32080	\$100.00	
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RF	ECEIPTS IN THE PERIOD	()	Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	enditures. Please include your co To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
11/24/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Postage for direct mail	Amount \$754.
11/24/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing for direct mail	\$755.9
11/23/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	
11/17/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$106.2
.0/30/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Printing	\$82.6
0/30/2020	Allegra Marketing Print Mail	317 Union St, Franklin, MA 02038	Signs	\$75.0
0/19/2020	Amazon	440 Terry Avenue North Seattle, WA 98109 USA	Signs	\$91.36
0/16/2020	Jason Beckett	6 Oak Tree Lane, Franklin, MA 02038	Videography	\$100.00
/19/2020	Mass Democratic Party	11 Beacon St #410, Boston, MA 02108	Software	\$700.00
/26/2020	PayPal	PayPal	Donation fees	\$143.55
/10/2020	Signsonthecheap.com	Signsonthecheap.com	Signs	\$239.30
19/2020	Signsonthecheap.com	Signsonthecheap.com	Signs	\$466.60
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD ould include only those expenditures no	

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Pate Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
	Line	e 15: In-Kind Contributions ov	er \$50 (or listed above)	
		e 16: In-Kind Contributions \$50		

If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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